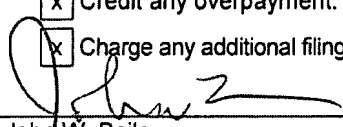


<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 2185-0480P																																											
Application No. 09/708,519-Conf. #1737		Filing Date November 9, 2000		Examiner C. E. Shosho																																											
Art Unit 1714																																															
Applicant(s): Satoru NIPPA																																															
Invention: RESIN COMPOSITE AND METHOD FOR PRODUCING THE SAME																																															
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6" style="text-align: center;">CLAIMS AS AMENDED</th> </tr> <tr> <th></th> <th>Claims Remaining After Amendment</th> <th>Highest Number Previously Paid</th> <th>Number Extra Claims Present</th> <th>Rate</th> <th></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">4</td> <td style="text-align: center;">- 20 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 50.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">1</td> <td style="text-align: center;">- 3 =</td> <td style="text-align: center;">0</td> <td style="text-align: center;">x 210.00</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td></td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td></td> </tr> <tr> <td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: center;"><b>0.00</b></td> </tr> </tbody> </table> <p> <input checked="" type="checkbox"/> Large Entity         <input type="checkbox"/> Small Entity       </p> <p> <input checked="" type="checkbox"/> No additional fee is required for this amendment.       </p> <p> <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.       </p> <p> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.       </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.       </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.       </p> <p> <input checked="" type="checkbox"/> Credit any overpayment.       </p> <p> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.       </p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           John W. Bailey          Attorney Reg. No.: 32,881          BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP          8110 Gatehouse Road          Suite 100 East          P.O. Box 747          Falls Church, Virginia 22040-0747          (703) 205-8000       </div> <div style="width: 35%; text-align: right;">         Dated: <u>November 27, 2007</u> </div> </div>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	4	- 20 =	0	x 50.00	0.00	Independent Claims	1	- 3 =	0	x 210.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>
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